

SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C
MANAGEMENT
November 1990

U.S. OFFICE OF PERSONNEL

OFFICE OF FEDERAL INVESTIGATIONS

Agency Agreement Number	94-01	OPM USE ONLY	OPM Codes	Case Number
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)				
1. SUBJECT=S FULL NAME				2. DATE OF BIRTH
Last Name	First Name	Middle Name	Abbrev.	Month Day Year
3. PLACE OF BIRTH Use the two letter code for the State				4. SOCIAL SECURITY NUMBER
City	County	State	Country (If not in the United States)	
5. OTHER NAMES USED AND DATES WHEN USED				
Name	Month/year to Month/year	Name	Month/year to Month/year	
Name	Month/year to Month/year	Name	Month/year to Month/year	
SEX <input type="checkbox"/> Female <input type="checkbox"/> Male		SPECIAL AGREEMENT CODES <div style="text-align: center; font-weight: bold;">R</div>		8. POSITION TITLE
9. SON <div style="text-align: center; font-weight: bold;">3713</div>	10. SOI <div style="text-align: center; font-weight: bold;">C M 01</div>	OPAC/ALC NUMBER		12. ACCOUNTING DATA

1. OTHER INFORMATION REQUIRED BY AGREEMENT - CHECK ANY REQUIRED BLOCKS BELOW AND CONTINUE TO PAGE 2

- ☐ (Code E) Credit Record.
 ☐ (Code F) Selective Service Record
 ☐ (Code G) Military Personnel Record
☐ (Code I) Immigration and Naturalization Service Record
 ☐ (Code N) Bureau of Vital Statistics Record

Requesting Official Name and Title CARROLL R. WARD Regional Security Officer	Signature	Telephone Number (757) 441-3431	Date
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